



## STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

52525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

<b>DOCKET NO:</b> H-3	<b>BOARD MEETING:</b> April 17, 2012	<b>PROJECT NO:</b> 11-104	<b>PROJECT COST:</b> Original: \$24,910,942
<b>FACILITY NAME:</b> McAllister Nursing & Rehab		<b>CITY:</b> Tinley Park	Current: \$
<b>TYPE OF PROJECT:</b> Substantive			<b>HSA:</b> VII

**DESCRIPTION:** The applicants (McAllister Nursing & Rehab, LLC, and McAllister Property, LLC), propose to replace an existing 111-bed skilled nursing facility with a 200-bed facility, consisting of 102,937 GSF of space. The total cost of the project is \$24,910,942. **The project completion date is January 31, 2015.**

### **The State Board Staff notes the following:**

The State Board staff requested and the applicants provided additional financial information regarding the financial feasibility of the facility and whether financing has been secured. The applicants stated:

- The amount of equity to be contributed to the project is approximately 10.5% of the total project cost. The debt to equity ratio will be 90% at the end of the first full year after project completion. Pretax return on equity is expected to be 14.2% and pre tax return on investment is expected to be 3.4% at the end of the first full year at target occupancy.
- The debt will be secured by the total property of the replacement facility.
- First Merit Bank provided a letter stating that it is their "intent" to finance the project. The applicants state that no financial institution is willing to make the statement "that this financing has been secured should the CON be approved." All of the financial institutions have replied that planning is not sufficiently complete before awarding a CON to warrant such a statement. State approval of the project's architectural drawings and issuance of municipal building permits are often cited as examples of other steps needed to warrant such a blanket statement.
- The breakeven point based upon the volume of patient days is 55,385 patient days or 75.9% occupancy of the total capacity of 73,000 patient days.



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## EXECUTIVE SUMMARY

### PROJECT DESCRIPTION:

- The applicants (McAllister Nursing & Rehab, LLC and McAllister Property, LLC), propose to construct a 200 bed, four-story replacement facility on its campus which currently contains a 111-bed LTC facility. The facility will contain 102,937 GSF of space, and the total cost of the project is \$24,910,942. The State Board reviews this replacement facility as a modernization project because the facility is being replaced on the same site.
- **The project completion date is January 31, 2015.**

### WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The applicants are before the State Board because the applicants are proposing the modernization and expansion of an existing category of service as defined by the State Board.

### PURPOSE OF THE PROJECT:

- The applicants note the reason for the proposed project is to address negative issues inherent to a building built in 1964, and the need for additional LTC beds in the 7-E LTC Planning Area. The applicants attest the larger facility will also offer a more functional layout.

### NEED FOR THE PROJECT:

To modernize and expand a long term care facility the State Board Staff reviews information whether

- the proposed facility is serving the residents of the planning area;
- there is a demand for the long term care service; and,
- the proposed facility is in need of modernization.

### BACKGROUND/COMPLIANCE ISSUES:

- The applicants, McAllister Nursing & Rehab, LLC, and McAllister Property, LLC, have no adverse background or compliance issues to report.

### PUBLIC HEARING/COMMENT

- No public hearing was requested and no letters of opposition or support for this project were received by the State Board Staff.

### FINANCIAL AND ECONOMIC FEASIBILITY:

- The project will be funded through cash and securities totaling \$2,610,942, and a mortgage totaling \$22,300,000. **The State Board staff** notes that financing has not been secured. The applicants provided a letter from the FirstMerit, Bank, N.A. indicating the banks **intent** to finance the project.



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### CONCLUSIONS:

- According to the February 2012 Inventory Update, there is a calculated need for 339 additional LTC beds in the 7-E LTC Planning Area. The current facility is serving the residents of the 7-E planning area and it appears from the referral letters submitted there is a demand for the service. The current facility was built in 1964 and additions were added in 1978 and 1998. The current facility's configuration has a number of three and four bed rooms and is in need of modernization which appears warranted.

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
Criterion 1125.800 Financial Viability	The applicants provided unaudited financial statements and did not meet all of the financial ratios as required by the State Board criterion.



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**STATE BOARD STAFF REPORT**  
**McAllister Nursing & Rehab, Tinley Park**  
**PROJECT #11-104**

APPLICATION SUMMARY	
Applicants(s)	McAllister Nursing & Rehab, LLC McAllister Property, LLC.
Facility Name	McAllister Nursing & Rehab
Location	Tinley Park
Application Received	November 21, 2011
Application Deemed Complete	November 29, 2011
Review Period Ended	January 28, 2012
Public Hearing Held	No
Can Applicants Request Deferral?	Yes
Review Period Extended by the State Board Staff?	No
Applicants' Modified the project?	No

**I. The Proposed Project**

The applicants propose to modernize and expand its existing 111-LTC bed facility through the construction of a 200-bed 4-story replacement facility on its campus in Tinley Park. The replacement facility will consist of 102,937 GSF of space, and the cost of the project is \$24,910,942.

**II. Summary of Findings**

**A. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1110.**

**EB. The State Board Staff finds the proposed project does not appear to be in conformance with the provisions of Part 1120.**

**III. General Information**

The applicants are McAllister Nursing & Rehab, LLC, and McAllister Property, LLC. The facility is located at 18300 South LaVergne Avenue, Tinley Park, in HSA 07, and Long Term Care Planning Area 7-E. McAllister Nursing & Rehab, LLC is the operating entity/licensee. McAllister Property, LLC is the owner of the site.

The project is substantive and subject to Part 1110 and Part 1120 review. Obligation will occur after permit issuance. **The anticipated project completion date is January 31, 2015.**



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**The February 2012 Inventory Update for General Long Term Care services shows a need for 339 LTC beds in the planning area.**

## **Summary of Support and Opposition Comments**

An opportunity for a public hearing was offered on this project; however, no hearing was requested. The State Board Staff has received no letters in support or in opposition to the proposed project.

Table One displays information pertaining to other LTC providers within a 30-minute travel radius. Data includes authorized beds, distance and travel times from the applicants' facility and respective occupancy rates. Data on authorized beds and occupancy rates were obtained from IDPH's 2010 Hospital and LTC profiles, distance and travel times were obtained from Map Quest, and the Medicare Star Rating was obtained from the Department of Health & Human Services' Medicare website ([www.medicare.gov](http://www.medicare.gov)). The data in the table is sorted by travel time.

As Table One shows, there are 43 other providers of LTC service in a 30-minute drive radius. Of the providers identified in Table One, 13 (30.2%), achieved the State Board's target utilization (90%) for 2010. The State Board Staff notes McAllister Nursing & Rehab reports an occupancy rate of 76.5%, and a 1-Star Medicare Rating.

**At the conclusion of this report is the IDPH's 2010 Long Term Care Profile for McAllister Nursing & Rehab Facility.**

<b>TABLE ONE</b>						
<b>Facilities within 30 Minutes Travel Time</b>						
<b>Facility</b>	<b>City</b>	<b>Time (minutes)</b>	<b>Medicare Star Rating</b>	<b>Beds</b>	<b>Occupancy %</b>	<b>90% Occupancy Met?</b>
Imperial of Hazel Crest	Hazel Crest	5	2	199	90.1%	Yes
Advocate South Suburban Hospital	Hazel Crest	6	5	41	31.6%	No
Applewood Rehabilitation Ctr.	Matteson	8	1	115	77.6%	No
Glenshire Nursing & Rehab Ctr.	Richton Park	9	1	294	74%	No
Crestwood Care Ctr.	Midlothian	11	1	303	78.7%	No
Prairie Manor Nursing & Rehab Ctr.	Chicago Heights	12	3	148	88.6%	No
South Suburban Rehab Ctr.	Homewood	14	1	259	41.3%	No
Plaza Nursing & Rehab Ctr.	Midlothian	14	1	91	91.5%	Yes
Heather Healthcare Ctr.	Harvey	16	2	173	71.6%	No
Riviera Care Ctr.	Chicago	17	3	200	82.9%	No



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TABLE ONE Facilities within 30 Minutes Travel Time						
Facility	City	Time (minutes)	Medicare Star Rating	Beds	Occupancy %	90% Occupancy Met?
	Heights					
Thornton Heights Terrace	Chicago Heights	17	N/A	222	91.4%	Yes
Lydia Healthcare	Robbins	17	N/A	412	96.4%	Yes
Alden-Orland Park Rehab	Orland Park	17	4	200	73%	No
Crestwood Terrace	Midlothian	18	3	126	96.6%	Yes
Manorcare of Homewood	Homewood	18	3	120	85.6%	No
Providence Healthcare & Rehab	Palos Heights	19	1	193	64.8%	No
Woodside Manor	South Chicago Heights	20	2	112	98%	Yes
Smith Crossing	Orland Park	20	4	46	96.6%	Yes
Ridgeland Nursing & Rehab	Palos Heights	20	2	101	89.4%	No
Lexington Health Care Ctr.	Orland Park	21	1	278	87.3%	No
Glenwood Healthcare & Rehab	Glenwood	21	1	184	76.5%	No
Providence of South Holland	South Holland	21	1	171	68%	No
Windmill Nursing Pavilion	South Holland	23	1	150	85.6%	No
Belhaven Nursing & Rehab	Chicago	23	1	221	89.7%	No
Washington & Jane Smith Community	Chicago	23	5	103	88.2%	No
Renaissance Park South	Chicago	23	1	300	80.7%	No
Southport Nursing & Rehab	Chicago	24	1	228	79.7%	No
Manorcare of Palos Heights West	Palos Heights	25	3	130	92%	Yes
Tri-State Manor Nursing Home	Lansing	25	3	84	92.6%	Yes
Manorcare of Palos Hghts. East	Palos Heights	27	3	184	93.5%	Yes
Manorcare of South Holland	South Holland	27	3	200	78.4%	No
Chicago Ridge Nursing Ctr.	Chicago Ridge	27	2	231	94.4%	Yes
Lexington of Chicago Ridge	Chicago Ridge	28	4	203	93.3%	Yes
Countryside Nursing & Rehab	Dolton	28	2	197	87.5%	No
Palos Hills Healthcare	Palos Hills	29	1	203	62.4%	No
Hickory Nursing Pavilion	Hickory Hills	29	2	74	85.6%	No
Manorcare of Oak Lawn West	Oak Lawn	29	1	192	82.7%	No
Concord Nursing & Rehab	Oak Lawn	29	2	134	88.9%	No
Manorcare of Oak Lawn East	Oak Lawn	29	3	122	94.5%	Yes
Mercy Circle	Chicago	29	N/A	24	N/A*	No
Evergreen Healthcare Ctr.	Evergreen Park	29	1	242	63.6%	No



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TABLE ONE Facilities within 30 Minutes Travel Time						
Facility	City	Time (minutes)	Medicare Star Rating	Beds	Occupancy %	90% Occupancy Met?
Alden-Princeton Rehab	Chicago	29	1	225	64.4%	No
Alden-Wentworth Rehab	Chicago	29	2	300	69.7%	No
Source: Occupancy 2010 IDPH LTC Profiles Time and Distance determined by MapQuest and adjusted per 77 IAC 1100.560 Star rating determined from <a href="http://www.Medicare.gov">www.Medicare.gov</a> *Recently approved project, no data available						

## IV. The Proposed Project - Details

The applicants currently operate a 111-bed Long Term Care (LTC) facility in Tinley Park. The applicants propose to construct a 102,937 GSF, 200-bed replacement facility on the existing McAllister Nursing & Rehab campus. The four-story replacement facility will increase McAllister Nursing & Rehab's bed inventory by 89 beds. The cost of the land is \$320,000 and the estimated start-up and operating deficit is \$100,000. The project cost is: \$24,910,942.

## V. Project Costs and Sources of Funds

The applicants' provided the project costs for both clinical and non-clinical aspects of the proposed project. Table Two shows the project costs and funding sources using these considerations.

TABLE TWO Project Costs and Source of Funds Project 11-104 McAllister Nursing & Rehab, Tinley Park			
Use of Funds	Clinical	Non -Clinical	Total
Preplanning Costs	\$24,072	\$14,428	\$38,500
Site Survey/Soil Investigation	\$8,253	\$4,947	\$13,200
Site Preparation	\$103,164	\$61,836	\$165,000
Off Site Work	\$21,883	\$13,117	\$35,000
New Construction Contracts	\$13,047,645	\$7,820,681	\$20,868,326
Contingencies	\$652,382	\$391,034	\$1,043,416
Architectural & Engineering Fees	\$434,540	\$260,460	\$695,000
Consulting & Other Fees	\$130,674	\$78,326	\$209,000
Moveable & Other Equipment	\$682,133	\$408,867	\$1,091,000
Net Interest Expense During Construction	\$440,792	\$264,208	\$705,000
Other Costs to be Capitalized	\$29,699	\$17,801	\$47,500





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TABLE TWO Project Costs and Source of Funds Project 11-104 McAllister Nursing & Rehab, Tinley Park			
Totals	\$15,575,237	\$9,335,705	\$24,910,942
Source of Funds			
Cash & Securities			\$2,610,942
Mortgages			\$22,300,000
Total			\$24,910,942

## VI. Cost/Space Requirements

Table Two displays the project's space requirements for the clinical and non-clinical portions of the project. The definition of non-clinical as defined in the Planning Act [20 ILCS 3960/3] states, "non-clinical service area means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving treatment at the health care facility."

TABLE THREE				
Space Requirements				
Department/Area		Existing	Proposed GSF	New Construction
Clinical				
Nursing Rooms	\$10,484,488	15,500	43,324	43,324
Living/Dining / Activity	\$2,575,625	6,200	10,643	10,643
Kitchen/Food Service	\$611,781	1,900	2,528	2,528
PT/OT	\$1,255,021	800	5,186	5,186
Laundry	\$217,560	0	899	899
Janitor Closets	\$41,382	100	171	171
Clean/Soiled Utility	\$301,292	1000	1245	1245
Beauty/Barber	\$88,089	400	364	364
Total Clinical	\$15,575,238	25,900	64,360	64,360
Non-Clinical				
Office/ Administration	\$776,584	2,500	3,209	3,209
Employee Lounge	\$121,001	200	500	500
Locker/Training	\$162,867	200	673	673
Mechanical/Electrical	\$173,515	1000	717	717
Lobby	\$772,617	1600	2986	2986
Storage/Maintenance	\$362,035	500	1,496	1,496
Corridor/Public Toilets	\$4,696,141	6,700	19,612	19,612





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TABLE THREE				
Space Requirements				
Department/Area		Existing	Proposed GSF	New Construction
Stairs Elevator	\$766,178	400	3,166	3,166
Total Non-Clinical	\$7,830,938	13,100	32,359	32,359
Basement	\$1,504,767	8,800	6,218	6,218
TOTAL	\$24,910,943	47,800	102,937	102,937

## VII. Project Purpose, Background and Alternatives

### A. Criterion 1125.520 - Background of Applicant

The criterion:

*"An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character, to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFPB shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder")."*

The applicant provided a list of all health care facilities currently owned and/or operated by the applicant, including licensing, certification and accreditation identification numbers, a certified statement from the applicant that no adverse action has been taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application, and authorization permitting HFPB and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted. The applicants appear fit, willing and able and have the qualifications, background and character to adequately provide a proper standard of healthcare service for the community.

### B. Criterion 1125.320 - Purpose of the Project



The criterion states:

**"The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.**

- 1) The applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. Information to be provided shall include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project. Examples of such information include:**
  - A) The area's demographics or characteristics (e.g., rapid area growth rate, increased aging population, higher or lower fertility rates) that May affect the need for services in the future;**
  - B) The population's morbidity or mortality rates;**
  - C) The incidence of various diseases in the area;**
  - D) The population's financial ability to access health care (e.g., financial hardship, increased number of charity care patients, changes in the area population's insurance or managed care status);**
  - E) The physical accessibility to necessary health care (e.g., new highways, other changes in roadways, changes in bus/train routes or changes in housing developments).**
- 2) The applicant shall cite the source of the information (e.g., local health department Illinois Project for Local Assessment of Need (IPLAN) documents, Public Health Futures, local mental health plans, or other health assessment studies from governmental or academic and/or other independent sources).**
- 3) The applicant shall detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being. Further, the applicant shall provide**



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goals with quantified and measurable objectives with specific time frames that relate to achieving the stated goals.

- 4) For projects involving modernization, the applicant shall describe the conditions being upgraded. For facility projects, the applicant shall include statements of age and condition and any regulatory citations. For equipment being replaced, the applicant shall also include repair and maintenance records."

According to the applicants, the purpose of the modernization project is to address life safety issues identified by the Illinois Department of Public Health, to eliminate three and four bed rooms and address the calculated bed need for 339 nursing care beds in the 7-E planning area. The facility was built in 1964 and additions were added in 1973 and 1995. The applicants provided zip code information for current admissions, and certification documentation from the Illinois Department of Public Health documenting the building deficiencies.

### C. Criterion 1125.330 - Alternatives to the Proposed Project

The criterion states:

"The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

- 1) Alternative options shall be addressed. Examples of alternative options include:
  - A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Other considerations.



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- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This May vary by project or situation.
- 3) The applicant shall provide empirical evidence, including quantified outcome data; that verifies improved quality of care, as available."

The applicants provided an analysis of the alternatives considered at pages 147 to 161 of the application for permit. The applicants considered the following alternatives:

1. Maintain Status Quo/Do Nothing
2. Discontinue the Existing Facility
3. Total Renovation of Existing Facility
4. The Proposed Project

The applicants rejected the first three alternatives because either they did not meet the needs of the planning area, or were too costly. According to the applicants the alternative of modernizing the existing facility and adding beds best meets the needs of the planning area. The applicants have supplied the information requested in accordance with this criterion.

### **VIII. Project Scope and Size, Utilization and Unfinished/Shell Space**

#### **A. Criterion 1125.620 - Size of Project**

The criterion states:

"The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards of Appendix B, unless the additional GSF can be justified by documenting one of the following:

- 1) Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;



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- 2) The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
- 3) The project involves the conversion of existing bed space that results in excess square footage."

The applicants are proposing 200 beds in 102,937 GSF of space. This equates to 515 GSF per bed. The applicants are in compliance with the State Board's criteria.

TABLE FIVE Size of the Project						
Departments	Unit of Measure	State Standard/Unit of Measure	State Standard GSF	Proposed GSF	Difference	Meets Standards
Nursing Care Beds	200 beds	435-713 BGSF/Bed	142,600	102,937GSF	39,663 GSF	Yes

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE SIZE OF PROJECT - REVIEW CRITERION (77 IAC 1125.620).**

**B. Criterion 1125.620 (b) - Project Services Utilization**  
The criterion states:

"This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has not established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100. The applicant shall document that, in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in Appendix B."

Upon project completion; the applicants have attested that they will be at the State Board's target occupancy of 90%. The applicants have the requirements of this criterion.

**THE STATE BOARD STAFF FINDS THE PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT UTILIZATION CRITERION. - REVIEW CRITERION (77 IAC 1125.620).**

**IX. Section 1125 - General Long Term Care - Review Criteria**

**A) Criterion 1125.530 - Planning Area Need**



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The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

- 1) 77 Ill. Adm. Code 1100 (formula calculation)
  - A) The number of beds to be established for general long term care is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.
  - B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.
- 2) Service to Planning Area Residents
  - A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.
  - B) Applicants proposing to add beds to an existing general long term care service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.
  - C) Applicants proposing to expand an existing general long term care service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).
- 3) Service Demand – Establishment of General Long Term Care  
The number of beds proposed to establish a new general long term care service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the



latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new long term care (LTC) facility, the applicant shall submit projected referrals. The applicant shall document subsection (b) (3) (A) and subsection (b) (3) (B) or (C).

**A) Historical Referrals**

If the applicant is an existing facility and is proposing to establish this category of service, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient LTC facility.

**B) Projected Referrals**

An applicant proposing to establish a category of service or establish a new LTC facility shall submit the following:

- I) Hospital referral letters that attest to the number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;**
- ii) An estimated number of patients the hospital will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the hospital's experienced LTC caseload;**
- iii) Each referral letter shall contain the Chief Executive Officer's notarized signature, the typed or printed name of the referral resources, and the referral resource's address; and**
- iv) Verification by the hospital that the patient referrals have not been used to support another pending or approved CON application for the subject services.**

- 1) 77 Ill. Adm. Code 1125 (formula calculation)**





There is calculated bed need for 339 long term care beds in the 7-E planning area. Planning Area 7-E includes the Cook County Townships of Lyons, Lemont, Palos, Orland, Stickney, Worth, Calumet, Bremen, Thornton, Rich and Bloom.

2) **Service to Planning Area Residents**

The applicants attest that approximately 62% of the residents of the existing facility come from within the 7-E Planning Area. The applicants have provided admission data by zip code that verifies this attestation.

3) **Service Demand**

The applicants have provided utilization data for the past two years as required of 76.5% and 68.1% for CY 2010 and 2009 respectively. The applicants have not averaged 90% as required by this criterion. However, the applicants have provided referral letters from two physicians that state that they would refer collectively 204-324 patients to the facility. If the referrals materialize the applicants will achieve the 90% target occupancy.

There is a calculated need in the planning area and the applicants have provided documentation that demonstrates the facility will serve the residents of the planning area and there is sufficient demand for the service in this planning area. The applicants have met this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PLANNING AREA NEED CRITERION (77 IAC 1125)**

B) **Criterion 1125.650 - Modernization**

**If the project involves modernization of a category of LTC bed service, the applicant shall document that the bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:**

- 1) **High cost of maintenance;**
- 2) **Non-compliance with licensing or life safety codes;**



## STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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- 3) **Changes in standards of care (e.g., private versus multiple bed rooms); or**
- 4) **Additional space for diagnostic or therapeutic purposes.**

**Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in Section 1125.210(c).**

The applicants have provided the necessary documentation that illustrates the life safety issues, high cost of maintenance of a 45 year old building and the changing standards of care in the nursing home industry. While the applicants currently are not operating at the 90% target occupancy evidence has been provided that warrants the replacement and modernization of this facility.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE MODERNIZATION CRITERION (77 IAC 1125.650)**

- C) Criterion 1125.590 - Staffing Availability – Review Criterion**  
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

The applicants have provided the necessary documentation that illustrates that sufficient staff will be available for the replacement facility.

**STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE STAFFING AVAILABILITY REVIEW CRITERION (77 IAC 1125.590).**

- D) Criterion 1125.610 - Community Related Functions**  
The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned



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**parties or groups. Documentation shall consist of copies of all letters of support from such organizations.**

The application contains 6 letters of support from various entities and individuals throughout the community (application, p. 250). The applicants have met the requirements of this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE CONFORMANCE WITH THE COMMUNITY RELATED FUNCTIONS CRITERION (77 IAC 1125.610).**

**E. Criterion 1125.630 - Zoning**

The applicant shall document one of the following:

- a) The property to be utilized has been zoned for the type of facility to be developed;
- b) Zoning approval has been received; or
- c) A variance in zoning for the project is to be sought.

The existing facility is zoned for its intended use and that will not change with the building of the replacement facility. The applicants have met the requirements of this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE CONFORMANCE WITH THE ZONING CRITERION (77 IAC 1125.630).**

**F) Criterion 1125.640 - Assurances**

- 1) The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.
- 2) For beds that have been approved based upon representations for continuum of care (subsection (c)) or defined population (subsection (d)), the facility shall provide assurance that it will maintain admissions limitations as specified in those subsections



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**for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFPB will be required.**

The applicant provided the required signed documents to satisfy the Assurances Review criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE ASSURANCES CRITERION (77 IAC 1125.640).**

**X. 1125.800 - Availability of Funds**

**The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable:**

- a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:**
  - 1) The amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and**
  - 2) Interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;**
- b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. Provide a list of confirmed pledges from major donors (over \$100,000);**
- c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;**
- d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:**



- 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
- 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
- 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
- 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
- e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
- f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
- g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.

The total estimated project cost is \$24,910,942 and the applicants will fund the project through cash and securities totaling \$2,610,942, and a mortgage in the amount of \$22,300,000.

**XI. 77 IAC 1125.800 - Financial Viability**

- a) **Financial Viability Waiver**  
The applicant is NOT required to submit financial viability ratios if:
  - 1) All project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or



**HFSRB NOTE:** Documentation of internal resources availability shall be available as of the date the application is deemed complete.

- 2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA), or its equivalent; or

**HFSRB NOTE:** MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.

- 3) The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.

**b) Viability Ratios**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards. The latest three years' audited financial statements shall consist of:

- 1) Balance sheet;
- 2) Revenues and expenses statement;
- 3) Changes in fund balance; and
- 4) Changes in financial position.



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**HFSRB NOTE:** To develop the above ratios, facilities shall use and submit audited financial statements. If audited financial statements are not available, the applicant shall use and submit Federal Internal Revenue Service tax returns or the Federal Internal Revenue Service 990 report with accompanying schedules. If the project involves the establishment of a new facility and/or the applicant is a new entity, supporting schedules to support the numbers shall be provided documenting how the numbers have been compiled or projected.

**c) Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

The total estimated project cost is \$24,910,942 and the applicants will fund the project through cash and securities totaling \$2,610,942, and a mortgage in the amount of \$22,300,000. The applicants did not furnish audited financial statements as required and the financial ratios that were provided were based on financial statements that had been reviewed by a CPA. The applicants do not meet the financial ratios; therefore the State Board Staff is unable to make a positive finding regarding this criterion.

TABLE SIX Financial Ratios				
<b>McAllister Nursing &amp; Rehab Properties, LLC</b>				
	2008	2009	2010	2016
Current Ratio	1.05	2.21	3.15	1.26
Net Margin Percentage	-77.77%	-78.87%	1.67%	-18.78%
Percent Debt to Total Capitalization	104%	97%	97%	99%
Projected Debt Service Coverage	0.97	1.63	2.5	1.03
Days Cash on Hand	1817	1873	2290	108
Cushion Ratio	4.97	6.13	7.51	.31
<b>McAllister Nursing &amp; Rehab, LLC</b>				
	2008	2009	2010	2016
Current Ratio	0.93	0.93	1.02	3.70
Net Margin Percentage	2.07%	3.07%	7.03%	10.17%
Percent Debt to Total Capitalization	0%	0%	9.97%	0%
Projected Debt Service Coverage	5.4	1.7	6	12.6
Days Cash on Hand	2.7	4	1.6	186
Cushion Ratio	1	0.3	0.3	50.00





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**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE FINANCIAL VIABILITY CRITERION (77 IAC 1125.800).**

## **XII. Review Criteria - Economic Feasibility**

### **A. Criterion 1125.800 - Reasonableness of Financing Arrangements**

The criterion states:

**"This criterion is not applicable if the applicant has documented a bond rating of "A" or better pursuant to Section 1120.210. An applicant that has not documented a bond rating of "A" or better must document that the project and related costs will be:**

- 1) funded in total with cash and equivalents including investment securities, unrestricted funds, and funded depreciation as currently defined by the Medicare regulations (42 USC 1395); or**
- 2) Funded in total or in part by borrowing because:**
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times;**
  - B) Or borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60 day period. The applicant must submit a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to compliance with this requirement.**
  - C) The project is classified as a Class B project. The co-applicants do not have a bond rating of "A". No capital costs, except fair market value of leased space and used equipment, are being incurred by the co-applicants."**

The total estimated project cost is \$24,910,942 and the applicants will fund the project through cash and securities totaling \$2,610,942, and a mortgage in the amount of \$22,300,000. The mortgage will be a 40 year fixed rate loan. Approximate cost of financing is 5.75%. FirstMerit Bank, N.A. states that it is their intent to finance the project. The applicants provided the necessary attestation



**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE REASONABLENESS OF FINANCING CRITERION (77 IAC 1125.800).**

**B. Criterion 1120.140(b) - Conditions of Debt Financing**

**This criterion states:**

**"The applicant must certify that the selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors. In addition, if all or part of the project involves the leasing of equipment or facilities, the applicant must certify that the expenses incurred with leasing a facility and/or equipment are less costly than constructing a new facility or purchasing new equipment. Certification of compliance with the requirements of this criterion must be in the form of a notarized statement signed by two authorized representative (in the case of a corporation, one must be a member of the board of directors) of the applicant entity."**

The total estimated project cost is \$24,910,942 and the applicants will fund the project through cash and securities totaling \$2,610,942, and a mortgage in the amount of \$22,300,000. The mortgage will be a 40 year fixed rate loan. Approximate cost of financing is 5.75%. FirstMerit Bank, N.A. states that it is their intent to finance the project. **The State Board staff** notes that financing for this project has not been secured.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE TERMS OF DEBT FINANCING CRITERION (77 IAC 1125.800).**

**C. Criterion 1120.140(c) - Reasonableness of Project Cost**

**The criteria states:**

**"1) Construction and Modernization Costs**

**Construction and modernization costs per square foot for non-hospital based ambulatory surgical treatment centers and for facilities for the developmentally disabled, and for chronic renal dialysis treatment centers projects shall not exceed the standards detailed in Appendix A of this Part unless the applicants**



documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. For all other projects, construction and modernization costs per square foot shall not exceed the adjusted (for inflation, location, economies of scale and mix of service) third quartile as provided for in the Means Building Construction Cost Data publication unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

2) Contingencies

Contingencies (stated as a percentage of construction costs for the stage of architectural development) shall not exceed the standards detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. Contingencies shall be for construction or modernization only and shall be included in the cost per square foot calculation.

BOARD NOTE: If, subsequent to permit issuance, contingencies are proposed to be used for other line item costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by the State Board prior to such use.

3) Architectural Fees

Architectural fees shall not exceed the fee schedule standards detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

4) Major Medical and Movable Equipment

A) For each piece of major medical equipment, the applicants must certify that the lowest net cost available has been selected, or if not selected, that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

B) Total movable equipment costs shall not exceed the standards for equipment as detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.



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### 5) Other Project and Related Costs

The applicants must document that any preplanning, acquisition, site survey and preparation costs, net interest expense and other estimated costs do not exceed industry norms based upon a comparison with similar projects that have been reviewed."

**Preplanning Costs** – These costs total \$24,072 or less than 1% of construction, contingency, and equipment costs. This appears reasonable compared to the State standard of 1.8%.

**Site Survey and Soil Investigation** – These costs total \$109,741 or less than 1% of construction and contingency costs. This appears reasonable compared to the State Board standard of 5%.

**Off Site Work** – These costs total \$21,883. The State Board does not have a standard for these costs.

**New Construction and Contingencies** – This cost is \$13,700,027 or \$212.87 per GSF. This appears reasonable when compared to the adjusted State Board standard of \$210.44 per GSF.

**Contingencies** – This cost is \$652,382 or 5% of new construction costs. This appears reasonable when compared to the State Board standards of 10% for new construction.

**Architectural and Engineering Fees** – This cost is \$434,540 or 3.17% of construction and contingency costs. This appears reasonable when compared to the State Board standard of 7.36% – 11.06%.

**Consulting and Other Fees** – These costs total \$130,674. The State Board does not have a standard for these costs.

**Net Interest Expense During Construction** – These costs total \$440,854. The State Board does not have a standard for this cost.

**Other Costs to be Capitalized** – These costs total \$29,699. The State Board does not have a standard for this cost.

It appears that the applicants have met the requirements of this criterion.



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**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 IAC 1125.800).**

**D. Criterion 1120.140(d) - Projected Operating Costs**

The criterion states:

**"The applicants must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Direct cost means the fully allocated costs of salaries, benefits, and supplies for the service."**

The applicants state this cost will be \$107.96 per patient day. The State Board does not have a standard for this cost.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE PROJECTED OPERATING COSTS CRITERION (77 IAC 1125.800).**

**E. Criterion 1120.140(e) - Total Effect of the Project on Capital Costs**

The criterion states:

**"The applicants must provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later."**

The applicants state this cost will be \$33.99 per patient day. The State Board does not have a standard for this cost.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1125.800).**

**MCALLISTER NURSING & REHAB**

18300 SOUTH LAVERGNE AVENUE

TINLEY PARK, IL. 60477

**Reference Numbers** Facility ID 6005904

Health Service Area 007 Planning Service Area 705

**Administrator**

Elisha Atkin

**Contact Person and Telephone**

JUDI FITZSIMMONS

708-798-2272

**Registered Agent Information**

Joel Atkin

18300 S. Laverne Ave.

Tinley Park, IL 60477

**FACILITY OWNERSHIP**

LIMITED LIABILITY CO

**CONTINUING CARE COMMUNITY**

No

**LIFE CARE FACILITY**

No

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social

0

Chronic Alcoholism

1

Developmentally Disabled

0

Drug Addiction

1

Medicaid Recipient

0

Medicare Recipient

0

Mental Illness

0

Non-Ambulatory

0

Non-Mobile

0

Public Aid Recipient

0

Under 65 Years Old

0

Unable to Self-Medicate

0

Ventilator Dependent

1

Infectious Disease w/ Isolation

0

Other Restrictions

0

No Restrictions

0

*Note: Reported restrictions denoted by 'I'***RESIDENTS BY PRIMARY DIAGNOSIS****DIAGNOSIS**

Neoplasms

4

Endocrine/Metabolic

38

Blood Disorders

7

\*Nervous System Non Alzheimer

8

Alzheimer Disease

7

Mental Illness

6

Developmental Disability

5

Circulatory System

11

Respiratory System

1

Digestive System

0

Genitourinary System Disorders

2

Skin Disorders

0

Musculo-skeletal Disorders

1

Injuries and Poisonings

0

Other Medical Conditions

7

Non-Medical Conditions

1

**TOTALS****98****Total Residents Diagnosed as Mentally Ill****6****LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS****ADMISSIONS AND DISCHARGES - 2010**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	90
Nursing Care	111	111	103	111	98	13	79	111	Total Admissions 2010	96
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	88
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	98
Sheltered Care	0	0	0	0	0	0			<b>Identified Offenders</b>	<b>0</b>
<b>TOTAL BEDS</b>	<b>111</b>	<b>111</b>	<b>103</b>	<b>111</b>	<b>98</b>	<b>13</b>	<b>79</b>	<b>111</b>		

**FACILITY UTILIZATION - 2010****BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	4137	14.3%	21801	53.8%	0	2485	2578	0	31001	76.5%	76.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>4137</b>	<b>14.3%</b>	<b>21801</b>	<b>53.8%</b>	<b>0</b>	<b>2485</b>	<b>2578</b>	<b>0</b>	<b>31001</b>	<b>76.5%</b>	<b>76.5%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	8	6	0	0	0	0	0	0	8	6	14
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	10	17	0	0	0	0	0	0	10	17	27
<b>TOTALS</b>	<b>39</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>39</b>	<b>59</b>	<b>98</b>

**MCALLISTER NURSING & REHAB**

18300 SOUTH LAVERGNE AVENUE

TINLEY PARK, IL. 60477

**Reference Numbers** Facility ID 6005904

Health Service Area 007 Planning Service Area 705

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	73	0	0	11	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>14</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>98</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>98</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>98</b>

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>98</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>98</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	19.00
Certified Aides	33.00
Other Health Staff	4.00
Non-Health Staff	28.00
<b>Totals</b>	<b>89.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.4%	51.6%	0.0%	0.0%	17.0%	100.0%		0.0%
1,831,840	3,003,886	0	0	991,113	5,826,839	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



## 11-104 McAllister Nursing & Rehab - Tinley Park

